

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90159 009 ***150.00

DOCUMENT # P98000099460

1. Entity Name

CULINARY ARTS CATERING, INC.

Principal Place of Business

Mailing Address

**3628 N.E. 2ND AVENUE
 MIAMI FL 33137**

**3628 N.E. 2ND AVENUE
 MIAMI FL 33137-3616**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0891601

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARCUS, SHERRIE B ESQ.
 17021 N.E. 6TH AVENUE
 N MIAMI BEACH FL 33162**

Name

BARTON G. WEISS

Street Address (P.O. Box Number is Not Acceptable)

3628 N.E. 2ND AVENUE

City

MIAMI

FL

Zip Code

33137

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of individual or printed name of registered agent and title if applicable

BARTON G. WEISS, PRESIDENT 3/6/00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PSTD WEISS, BARTON**
 STREET ADDRESS **3628 N.E. 2ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE Change Addition
 NAME **WEISS, BARTON G.**
 STREET ADDRESS **3628 N.E. 2ND AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33137**

TITLE Delete
 NAME **VD MARCUS, SHERRIE B**
 STREET ADDRESS **17021 N.E. 6TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33162-7**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MENDEZ, TED**
 STREET ADDRESS **3628 N.E. 2ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-576-8988

CR2E034 (9/99)